



UNITED STATES MARINE CORPS

MARINE CORPS BASE
PSC BOX 20004
CAMP LEJEUNE, NORTH CAROLINA 28542-0004

BO 1754.1A
HSVC
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BASE ORDER 1754.1A

From: Commanding General
To: Distribution List

Subj: FAMILY ADVOCACY PROGRAM (FAP)

Ref: (a) MCO P1752.3B
(b) SECNAVINST 1752.3
(c) MCO P1700.24A
(d) MCO P1900.16D
(e) SECNAVINST 1910.4A
(f) MCO P5211.2A

Encl: (1) Definitions
(2) Responsibilities of Family Advocacy Committee (FAC) Members
(3) Family Advocacy Program Officer (FAPO) Guidelines
(4) Family Advocacy Program Manager (FAPM) Guidelines
(5) Matrix of Guidelines for Levels of Spouse Abuse
(6) Incident Protocol Flowchart
(7) Military Protection Orders

1. Purpose. To set forth policies and amplifying instructions regarding references (a), (b), and (c) and to provide specific guidance for the administration of a proactive Family Advocacy Program (FAP) complemented by a coordinated community response to family violence.

2. Cancellation. BO 1754.1.

3. Background

a. During the early 1970's, the Surgeon General of the Navy advocated a program dealing with both the medical and social aspects of the problem of child maltreatment. In time, the program expanded and evolved to include victims of spouse abuse, adult sexual assault, and incest and was redesignated as the Family Advocacy Program. In 1991, functional control of the program was transferred from BUMED to the Marine Corps. In its present role, the FAP covers all juvenile victims of abuse (sexual, physical, or verbal) and neglect, all adult victims of spouse abuse, and all adult victims of rape and sexual assault regardless of whether the offense was committed by a family or a non-family member.

b. The FAP is a multifaceted, multidisciplinary program designed to address the problems associated with spouse abuse and child maltreatment within the Navy and Marine Corps community. Close cooperation between Marine Corps Base, Camp Lejeune, its tenant and subordinate commands, the military and civilian police, medical, legal, social and correctional agencies is essential to the success of a coordinated community response to domestic violence. The focus of the program is to prevent child and spouse abuse, to intervene to protect victims, and to hold offenders accountable for their actions.

c. References (a) and (c) include the FAP as a function of the installation's Family Service Center (FSC). Because of the size of the Camp Lejeune FSC programs, number of clients, and overall patron population, the responsibilities of the FAP are accomplished by the Family Counseling Center (FCC). Definitions of terms used in this Order are found in enclosure (1).

4. Policy

a. Acts of family violence or neglect are incompatible with the high standards of professional and personal discipline required of members of the Naval Service. By enforcing a stance of zero tolerance, commands can break the cycle of family abuse and neglect through early identification, intervention, and treatment. Close cooperation between military and civilian authorities is essential in holding offenders accountable for their actions.

b. Victim safety and support after the disclosure of abuse will be a primary concern. Victims will receive protection from further abuse, necessary treatment, and support services.

c. Military personnel who are not responsive to rehabilitation or who cannot modify their abusive behavior, and who continue to repeat abusive conduct will be separated from the service per references (a), (d), and (e).

d. Nothing in this Order shall be construed to interfere with, mandate, or act as a bar against the exercise of command authority in determining appropriate treatment, administrative action, or discipline for acts of abuse, neglect, or maltreatment.

5. Objectives

a. Prevention. Awareness of the dynamics and effects of abuse, the characteristics of the offender and victims, and the services available to help families and individuals are essential to help prevent future abuse. Briefings to personnel are essential to ensure that all service members understand reporting requirements for suspected abuse incidents and the personal consequences of involvement in abusive conduct. Periodic briefings will be given to personnel who deal with abuse cases, such as commanding officers, chaplains, military law enforcement personnel, Family Child Care providers, Department of Defense Dependent Schools (DoDDS) personnel, youth recreational activities personnel, drug and alcohol counselors, and social service providers. Instruction covering the dynamics of family abuse with emphasis on recognition, reporting requirements and procedures, and available resources for rehabilitation and victim services is critical for all military and civilian supervisors.

b. Victim Protection. Upon discovery of an instance of domestic violence, primary concern will be focused on preventing subsequent abuse. One of the parties will be removed from the residence, if determined necessary to protect the victim, and will remain away from the other party until a proper risk assessment is made. Military Protection Orders (MPO) and intervention will be used to minimize the subsequent risk to the victims. In some instances where the victim is an active duty service member and the offender cannot be removed from the residence, the victim may be removed in consideration of the need for safety. Responsive reaction and intervention after early indications of the abuse can prevent subsequent incidents of more serious consequences in the future.

c. Offender Accountability. Offenders must be held accountable for their actions without allowing rationalization to minimize the nature of the offense and for faithful execution of rehabilitative measures as directed by their commanding officers. Marines deemed to have potential for continued service who are receptive to rehabilitation should normally be retained. Those without potential should be processed per reference (d).

d. Return and Maintain a Safe Family Environment

(1) Research shows that most individuals involved in family maltreatment cases are not mentally ill or criminally motivated. In fact, service member offenders are often proven performers who are recommended for retention. Many service members involved in child or spouse abuse have a record of solid job

performance, and, once they are identified as abusive and placed in a rehabilitative program which holds them accountable for their actions, they can be taught to alter their behavior.

(2) Military families involved in abuse situations are often identified earlier than their civilian counterparts. Such early identification greatly improves the chances of either stopping abuse within the family or reducing the level and frequency of recurrent violence.

6. Program Structure

a. Family Advocacy Committee (FAC). The FAC is a multidisciplinary committee established by the Commanding General, Marine Corps Base, that oversees implementation of the FAP, provides recommendations and changes to policy in regards to FAP matters, and fosters cooperative relationships among service support providers by creating a cohesive support network. The FAC coordinates a concerted effort to combat domestic violence. The FAC is chaired by the Family Advocacy Program Officer (FAPO) and has a membership of voting permanent and nonvoting consulting members.

(1) Permanent members of the FAC include the FAPO, Family Advocacy Program Manager (FAPM), and designated representatives of the:

- (a) Staff Judge Advocate.
- (b) Provost Marshal.
- (c) Commanding Officer, Naval Hospital.
- (d) Director, Consolidated Drug and Alcohol Center.

(2) Consulting members may include, upon the invitation of the Commanding General, the:

- (a) Base Chaplain.
- (b) Chairpersons of the Spouse Abuse and Child Abuse Case Review Committees (CRC).
- (c) Director, Child Development Services (CDS).
- (d) Special Agent in Charge, Naval Criminal Investigative Service (NCIS) Resident Agency.
- (e) Director, Morale, Welfare, and Recreation (MWR).
- (f) Director, Base Housing.
- (g) Director, Department of Social Services (DSS), Onslow County.
- (h) Superintendent, DoDDS.
- (i) Tenant command representatives.
- (j) New Parent Support Program Manager.
- (k) Victim Advocate Supervisor.
- (l) Base Inspector.

(3) The FAC will normally meet on a monthly basis with permanent members present. Meetings with the attendance of permanent and consulting members will be on a quarterly basis or more frequently if deemed appropriate by the permanent membership.

(4) Responsibilities of the permanent members of the FAC are provided in enclosure (2).

b. FAPO. Appointed in writing by the Commanding General, Marine Corps Base per reference (a), the FAPO oversees the management of the FAP, chairs the FAC, and provides recommendations concerning policy and program status to the Commanding General. Specific responsibilities are provided in enclosure (3).

c. Family Advocacy Program Manager (FAPM). The Director, Family Counseling Center (FCC) will be designated as the FAPM and execute the duties as outlined in enclosure (4). The FAPM is responsible for the daily operation of the FAP through the activities of the FCC, the administrative matters involving case management, the development and supervision of rehabilitative treatment models, and supervision of the case worker supervisors.

d. FCC. The FCC consists of a group of professional social workers, counselors, and supervisors credentialled in accordance with reference (c), a victim advocacy section, and an administrative support section. While the FCC is responsible for some non-FAP cases, its primary responsibility is assessing and managing FAP cases. Each reported case is assigned to a case manager who assesses the circumstances surrounding the incident and overall pattern of abuse. The case manager prepares the case for presentation to a Case Review Committee (CRC).

(1) CRC. The Spouse Abuse and Child Abuse CRCs are multidisciplinary committees established within the FCC to assess all reported incidents of abuse. Permanent voting membership of the committees includes the Committee Chairman (FAPM or designated representative), a representative of the installation command, military law enforcement (PMO, NCIS, or CID), SJA, USNH, and CDAC. In addition to the other voting members, DSS provides a member of its staff for the Child Abuse CRC. Command representatives are also invited and strongly encouraged to participate in case presentations as nonvoting participants for members of their commands. Command representatives will be exposed to all available, relevant information involving the case. The CRC may also invite other professional people whose knowledge or background in the case material would complement the assessment of the cases. Decisions by the CRC's include:

(a) Status Determination. The CRC should determine, based on the preponderance of information presented, whether or not an incident occurred. The decision should be based on a consensus of the voting members with the consideration of information from law enforcement and a legal authority. Status determination will include:

1 Substantiated. For an allegation of abuse to be substantiated, the preponderance of the information provided must indicate that the incident occurred. It is not necessary to identify an alleged offender to substantiate a case.

2 Unsubstantiated- Did Not Occur. After investigation, the CRC determines that the preponderance of the evidence indicates that there was no abuse or neglect and that there is no need to intervene further.

3 Unsubstantiated- Unresolved. The available information is insufficient to make a status determination for the alleged incident.

(b) Identification of Offender. When possible, the committee should identify the offender(s) in the incident. In spouse abuse cases, the primary aggressor in the incident may not necessarily be the primary aggressor in the relationship; determination of the primary aggressor is necessary to provide a more effective disposition plan to target the needs of the family.

(c) Level of Abuse and Risk Assessment. In cases of spouse abuse, the committee will use enclosure (5) as a guide to determine the level of abuse in the overall relationship. During the case presentation, the case

manager should provide an assessment of the relationship between the offender and the victim, as well as the risk potential for future violence.

(d) Recommended Treatment Plans and Victim Services. The committee will provide recommended treatment and intervention plans, when appropriate, to the offender's command. The disposition plans will include safety plans, rehabilitation, and other services for the offender, the victim, and other family members as deemed necessary.

(e) Case Closure. The committee, upon periodic review of open cases, will recommend that a case be closed or transferred. See paragraph 7h for criteria.

(2) Victim Advocacy Section. The primary focus of the FAP is to provide adequate and effective protection of the victim by ensuring safety from subsequent acts and re-victimization during the investigative and assessment process. The victim advocate will contact victims and offer information, non-clinical counseling, information on legal proceedings, service delivery, and referrals. The victim advocate will represent the victim's concerns as a non-voting member of the CRC, when appropriate, emphasizing victim integrity and safety concerns. The Victim Advocacy Section maintains a close working relationship with the Onslow Women's Center. To expand the availability of victim advocacy services, the Onslow Women's Center has been contracted to provide 24-hour advocacy services. Male victims will be provided assistance on a case-by-case basis by the victim advocate assigned to his case in the FCC.

e. Unit FAPO. Per reference (a), all commanders down to the battalion or squadron level will appoint a unit Family Advocacy Program Officer, in writing, to carry out the FAP at the unit level. That person will serve as a point of contact for the FCC in all FAP matters to include coordinating appointments, coordinating the attendance of a command representative at CRC meetings, assisting in monitoring open cases, and representing the command's interest. Units will ensure that the FCC is notified of changes in FAPO assignments.

f. Coordinating Agencies

(1) PMO. Because of their 24-hour availability, mobility, communications networks, and training, the military police are often the first agency which hears about cases of abuse. In addition to responding to reports of crime, restoring the peace at the scene, investigating the complaint, and reporting suspected abuse, military police will assess the safety needs of the victims and others and provide recommendations to the suspected abuser's commanding officer concerning the issuance of a MPO or greater levels of restraint. Military police will also provide victim(s) with information concerning assistance and services. Should the suspected abuser be a civilian, military police will provide recommendations regarding restraints on liberty to the Chief of Staff, MCB or the Command Duty Officer. If restraint on liberties of a civilian is recommended, the Commanding General must make the final decision.

(2) Naval Hospital and Naval Dental Center. Sometimes abuse cases are discovered, usually under emergency conditions, at the Naval Hospital or a dental facility. The medical staff has the responsibility of reporting instances of suspected abuse to PMO immediately. PMO will notify NCIS or CID, as appropriate, and the FAPO or FAPM, who is responsible for relaying reported incidents to local civilian agencies when appropriate, and for follow up assessment, supportive and rehabilitative counseling, or referral.

(3) Onslow Women's Center. Shelter services and 24-hour victim advocacy services are provided under contract by the Onslow Women's Center. Admission to the center is voluntary, and the center will respect the confidentiality requests of those admitted. Personal information of victims admitted to the center that consent to the release of information will be provided to the FCC. Transportation to the center can be arranged by calling 347-4000.

(4) DSS. North Carolina statutes require that all suspected incidents of child abuse or neglect be reported to DSS. In cases that meet the legal criteria, Onslow County DSS conducts the initial investigation, family assessment, and treatment planning and follow-up of child abuse or neglect cases within the county including MCB, Camp Lejeune. A member of the DSS staff sits on the Child Abuse CRC. In extreme cases that present potential for injury to the child, Child Protective Services may remove a child from the home to ensure its safety.

7. Program Guidance

a. Incident Reporting

(1) Any Department of Defense employee, military or civilian, will report suspected incidents of child or spouse abuse to appropriate agencies (PMO for on-going, on-Base incidents; FCC or command representatives tasked with responsibility as Family Advocacy Representatives for suspected cases). Exceptions to mandatory reporting requirements are delineated in paragraph 7b. Enclosure (6) provides a schematic diagram for initial incident and subsequent reporting of information between agencies.

(2) PMO will provide descriptions and appropriate investigative reports for on and off-Base domestic abuse incidents to the FCC in the most expeditious manner possible. Reports from civilian authorities will be obtained in accordance with valid Memorandums of Understanding (MOU) between appropriate agencies.

(3) Cases of suspected abuse treated at the Emergency Treatment Room, Acute Care Clinic, NAVCARE or any outpatient or inpatient area of Naval Hospital, Camp Lejeune will be reported to the appropriate authorities expeditiously (e.g. PMO, NCIS, DSS, FAPM) per established protocol. Care will be taken to ensure the preservation of evidence unless such action would jeopardize the health of the victim.

(4) Command referrals of suspected abuse will be immediately reported to the FCC.

(5) Self-referral. Service members and family members who are potential or actual offenders should seek help at the earliest opportunity. They may initiate the evaluation and intervention process by voluntarily disclosing the nature and extent of their problem to FAP personnel.

(a) Voluntary disclosure may subject the offender to administrative or punitive action. Admission of abuse by an offender is, in itself, sufficient evidence to substantiate a case, and such an admission requires notification of the admission to the individual's commanding officer.

(b) In the case of voluntary self-referral, the command is encouraged to give consideration to the offender's genuine attempt to obtain treatment. A self-referral may indicate amenability to treatment. Determination as to whether the self-referral was truly voluntary rests with the individual's commanding officer after consultation with the FCC. The clearest case of self-referral occurs when only the offender and victim are aware of the abuse prior to the voluntary disclosure, and the self-referral was not brought about by the threat of disclosure. On the other hand, a member coming forward subsequent to a spouse's discovery of child abuse would not constitute voluntary self-referral.

(c) FAP counselors are not investigators or law enforcement agents. Their function is treatment designed to effect behavior modification and prevent future abuse. Nevertheless, counselors are required to report all abuse cases to the command, and to report child abuse cases to civilian authorities in accordance with North Carolina state law. Therefore, even though voluntary self-disclosure is a mitigating factor which the FAP will make known to the command, the command and the civilian authorities may, at their discretion,

initiate appropriate administrative or disciplinary action based on the counselor's report.

b. Privileged Communications

(1) Chaplain Pastoral Counseling. A person may have a privilege to refuse to disclose communication made to a chaplain or to a chaplain's assistant dependent on the laws of the jurisdiction in which the offense was committed.

(2) Legal Counseling. A client may have a privilege to refuse to disclose and to prevent other persons from disclosing confidential communications to an attorney dependent on laws of the jurisdiction where the offense occurred and the jurisdiction which has control of the case.

(3) Marital Privilege. A person may have a privilege to prevent marital communications from being relayed to government officials dependent on the laws of the jurisdiction in which the offense was committed.

(4) In regards to child abuse, North Carolina general statutes state that "no privilege shall be grounds for any person or institution failing to report that a juvenile may have been abused, neglected, or dependent, even if the knowledge or suspicion is acquired in an official professional capacity."

c. Incident Protocol

(1) Alleged offenders will be removed from their residence by military police responding to a domestic incident when probable cause exists to believe that the suspected offender committed a criminal offense, poses a substantial risk to the family, or needs to separate until an FCC intake interview is completed with both parties. Anytime military police are called to a reported domestic violence scene, an incident complaint report will be filed. PMO will notify the appropriate command and provide recommendations for a Military Protection Order (MPO). Enclosure (7) provides an example of an MPO. Ordinarily, offenders should not be allowed contact with the victim until the victim has been seen by a FCC counselor or victim advocate.

(2) Offenders removed from their residence in off-Base cases will be taken by civilian police officers, based on a warrant for arrest, to the magistrate's office. The magistrate will determine whether the offender will be detained or released. If the suspect is released on conditions, PMO will be contacted. PMO personnel will then notify the appropriate commands of the situation. The use of MPO's by commanding officers in these cases is recommended.

(3) Suspected on-Base offenders and all other military offenders removed from their quarters will report to the FCC at 0800 of the first working day following the incident for an intake and risk assessment. The intent of the removal from quarters is to provide safety for the victim and to eliminate coercion and intimidation of the victim. Once the proper assessments are made, the FCC will provide recommendations to the command concerning the return of the suspected offender to his quarters. The command will notify the FCC before a MPO is rescinded to allow sufficient time to notify the victim of the potential return of the offender.

(4) Incidents that do not require the removal of the alleged offender will be handled by expedient appointments established between the command and the FCC.

d. Reporting and Assessment. The FCC will notify the command when an incident of abuse or neglect has been reported and will request that the alleged offender report to the FCC, in accordance with reference (a), for an intake assessment. By reference (a), the evaluation aspects of the FAP are mandatory for active duty personnel. The alleged offender and victim will be interviewed separately to minimize collusion or coercion. A risk assessment will be conducted and recommended interim safety measures will be forwarded to the

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command if there is a question of potential risk to the victim(s). If an MPO is in effect, recommendations will be made to continue, modify, or cancel the MPO. When investigative and assessment functions are completed, the case manager will schedule the case for presentation before the CRC with sufficient notice to allow the command to send a representative.

e. Case Disposition Plans and Recommendations. The CRC will make a status determination on the case, identify the offender if possible, and make written recommendations within seven days of the meeting, to the command for disposition/treatment plans for the victim, offender, and family members. The command representative present at the CRC meeting should brief the commander on the outcome of the proceedings.

f. Command Response. The command will review the recommendations and should provide a timely response, generally within two weeks, to the FCC, indicating concurrence on all or part of the recommendations or nonconcurrence. Any command additions to the treatment plan should also be included if FCC assistance would be necessary in case monitoring. A command response is necessary to ensure that FAP personnel are aware of the command's intention so that the case can be monitored appropriately and the command kept informed on the progress of its member.

g. Tracking. Progress of current cases will be monitored by the FAP case manager in the FCC and relevant information (level of participation, absenteeism, and amenability to rehabilitation) will be provided to the command. Tracking will also enhance victim safety measures in place.

h. Case Closure or Transfer. Upon review of open cases, the case manager will recommend transfer of a case to the appropriate FAP agency in the event that the service member is transferred to a new duty station and the case needs further monitoring. The case manager will request that the CRC close a case when:

(1) The command's approved treatment plan is completed and there have been no subsequent incidents of abuse.

(2) The command does not concur with the elements of the recommended treatment plan and case monitoring is not necessary or the individual fails to complete the command mandated rehabilitation plan. If the victim continues to receive services, the case will remain open.

(3) The service member has been discharged from the service.

8. Rehabilitation. The goals of rehabilitation programs are to prevent recurrence of abuse, repair any lasting physical or psychological damage resulting from abuse, and, when appropriate, return the family to a functional state. The FCC is responsible for assessment, referral, and rehabilitation services.

a. Some problems, by the nature of their severity, duration, or frequency, are not amenable to treatment. In cases where there is good rehabilitative potential and the service member has a record of positive performance, the preferred course of action should include counseling and mandated treatment. This does not preclude appropriate disciplinary or administrative action prior to treatment. Failure to follow a mandated treatment plan should also result in disciplinary or administrative action.

b. When the service member is retained and placed in a counseling or rehabilitation program, cooperation and participation with the counseling regimen are essential. Failure to cooperate and satisfactorily complete the prescribed treatment, or repetition of the offense, should result in increasingly harsh disciplinary and administrative action.

c. The length of rehabilitation varies with the nature and severity of the case, but generally should not last more than one year. Cases requiring longer

periods of treatment must be referred to the FAC for appropriate recommendations and determination. FAC recommendations for continued treatment will be forwarded to the service member's commanding officer. The FAC monitors treatment and rehabilitation and determines when the goals of intervention have been met.

9. Case Management

a. All personnel dealing with service members who are substantiated or suspected child or spouse abuse offenders should be cautioned concerning the sensitive nature of these offenses. FAP personnel and commanding officers will safeguard personal information in all cases.

b. All family advocacy case files shall contain a standard Privacy Act statement per reference (f) signed by the parent or guardian in child cases or by the victim in cases of spouse abuse. Treatment of children will not be denied because of parental/guardian refusal to sign the statement. When a parent or guardian refuses to sign a Privacy Act statement, an entry will be made in the case file.

c. Case files will be stored in secured filing cabinets within the FCC.

d. If after two years from the date of the last reported incident of abuse or completion of treatment, there have been no further indications of abuse or maltreatment, an active file will be closed. The case file will be retained in the FCC for five years, after which it will be archived according to current directives. In the event of a subsequent incident, the case will be reopened.

e. Status of all cases will be reported by the FCC to the Central Registry, per reference (a), using DD form 2486, Child and Spouse Abuse Incident Report. The report is submitted to CMC (MHF-20). A copy of the DD form 2486 will be filed by assigned serial number and retained for five years after data entry. Subsequently, it will be archived with BUMED as a secondary health record.

10. Institutional Child Abuse and Neglect. Child abuse that occurs in any setting in which the Marine Corps can be considered responsible for the welfare of the victim constitutes an institutional case. The abuse can be considered to be institutional if committed during a Marine Corps sponsored activity or by a Marine Corps sponsored individual, regardless of the locale of the abuse. Because of the high visibility of these cases, special procedures are required to handle the investigation and reporting requirements. Reference (a) provides specific guidelines and requirements.

11. Reporting Abuse Related Deaths or Serious Injury. Every case involving death or serious injury to a spouse or child, which is known or suspected to be the result of abuse or neglect, is to be reported by the FCC to CMC (MHF-20) within 24 hours of discovery. This report is in addition to the DD form 2486 report requirement. The message format is provided in reference (a).

12. Action

a. Commanding Officers

(1) Appoint in writing a unit FAPO as described in paragraph 6e and forward identifying information with phone number to the FCC.

(2) Ensure wide dissemination of the contents of this Order. Incorporate FAP related issues of family violence and abuse into the Troop Information Program.

(3) Notify the FAPO via the FCC when orders are issued reassigning service members in the FAP or when family members who are involved in treatment are transferred.

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b. Commanding Officer, Naval Hospital. Provide members for FAP related committees as required by this Order.

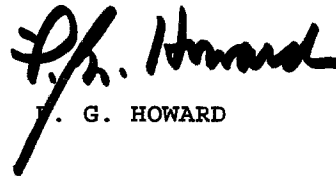
c. Assistant Chief of Staff, Installation Security and Safety. Provide members for FAP related committees as required by this Order.

d. Assistant Chief of Staff, Manpower. Provide supervision for the execution of the FAP in accordance with this Order.

13. Summary of Revisions. This revision has been reformatted and contains a substantial number of changes and must be completely reviewed.

14. Reserve Applicability. This Order is applicable to the Marine Corps Reserve.

15. Concurrence. This Order has been coordinated with and concurred in by the Commander, U.S. Marine Corps Forces Atlantic; and Commanding Generals, II Marine Expeditionary Force; 2d Marine Division; and 2d Force Service Support Group.



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DEFINITIONS

1. Abuse. Direct physical injury, trauma, or emotional harm intentionally inflicted on a child, spouse, or parent, or inflicted through wanton or reckless disregard of the safety and welfare of the injured party.

2. Abuse/Neglect. Specific types of abuse and neglect are:

a. Physical Abuse of a Child. Includes, but not limited to:

(1) Major injuries such as brain damage, skull or bone fracture, subdural hematoma, sprain, internal injury, poisoning, scalding, severe cut(s), lacerations, bruises, or any combination which constitutes a substantial risk to the life or well-being of the child.

(2) Less severe physical trauma resulting from acts such as twisting or shaking (which can cause major injuries to children), less severe cuts, bruises, welts, or any combination which does not constitute a substantial risk to the life or well-being of the child.

b. Sexual Abuse of a Child. The involvement of a child in an incident involving sexual abuse as defined in paragraph 18 of this enclosure. All sexual activity between a caretaker and child is considered sexual abuse. Although the defense of consent is often used in adult cases, it is generally presumed that children do not have the legal capacity to consent. No one can consent to an assault.

c. Neglect of a Child (or Deprivation of Necessities). Neglecting to provide nourishment, clothing, shelter, health care, education, and supervision, when an individual has a duty and the ability to provide for the child.

d. Emotional Abuse/Neglect of a Child. Any act of commission (such as threats of violence or disparaging remarks) or omission (such as passive/aggressive inattention to a child's emotional needs) on the part of the caretaker which causes low self-esteem in the child, undue fear or anxiety, or other physically-manifested damage to the child's emotional well-being.

e. Child Abuse/Neglect. A situation in which categories (a) through (d) above are present either singularly or in combination.

f. Spouse Abuse. May consist of physical abuse, sexual abuse, property damage, or psychological abuse inflicted on a partner in a lawful marriage. This definition does not include unmarried co-habiting partners in an intimate relationship, in which case an abuse must be treated as an assault, battery, rape, or threat.

(1) Physical. Use of physical force to intimidate, control, or force a spouse to do something against his or her will. This includes, but is not limited to, grabbing, pushing, holding, slapping, choking, punching, sitting or standing on, kicking, hitting with objects, and assaults with knives, firearm, or other weapon.

(2) Sexual. The forcing of the spouse by the offender to engage in sexual activity through the use of physical violence, intimidation, threats, coercion, or abuse when the offender's advances are refused.

(3) Property Damage. Property damage usually occurs as a means to scare or intimidate. It includes, but is not limited to, the breaking of property, putting a fist or foot through a wall or door, throwing food, breaking dishes, and damaging automobiles.

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(4) Psychological Abuse. One or more of the following behaviors: explicit or implicit threats of violence, extreme assertive types of behavior, extreme jealousy, mental degradation (e.g., name calling) and isolating behavior. In psychological abuse, the intent of the abuser is to intimidate and control the victim through the force of wills.

g. Fatality. A death resulting from the suspected or substantiated abuse/neglect.

3. Caretaker. Anyone who has responsibility for the physical or emotional well-being of a child at any given time.

4. Case Manager. The individual counselor assigned primary responsibility for handling or directing a particular case.

5. Case Status. The finding of the Case Review Committee at the time the case is assessed and staffed by the committee. Possible determinations include:

a. Substantiated. The act or omission did occur. The information that supports the proposition that the abuse occurred is of greater weight or more convincing than the information that indicates that the abuse or neglect did not occur.

b. Unsubstantiated

(1) Did Not Occur. The preponderance of the information indicates no abuse or neglect occurred.

(2) Insufficient Information. Cannot fairly determine case status because sufficient information to make a decision is unavailable or unobtainable.

6. Central Registry. The repository of Marine Corps abuse and neglect reports. The registry is maintained by CMC (MHF-20).

7. Child. An unmarried person, either under the age of 18 years old or incapable of self-support because of a mental or physical incapacity, who is a natural, step, adopted, foster child, or ward of either a military member or a civilian for whom treatment is authorized in a military medical facility.

8. Child Abuse or Neglect. Abuse of a child is defined by a parent, guardian, employee of a residential facility, or any staff person providing out-of-home care, who is responsible for the child's welfare, under circumstances that indicate that the child's welfare is harmed or threatened. The term encompasses both acts and omissions on the part of the responsible person(s).

9. Extra-familial. Term used to describe a child abuse or neglect case in which the offender's relationship to the child is outside the family. This category ranges from known individuals living or visiting in the same residence who are unrelated to the victim by blood or marriage to individuals unknown to the victim.

10. High Risk. A term used to identify groups of individuals or families which statistically have a strong possibility of becoming involved in some form of abuse or neglect.

11. Incest. Any sexual activity between persons who are closely related either by blood or legally (except by marriage), such as through adoption. Sexual abuse by familial caretakers (other live-in guardians) may sometimes be viewed as incest depending upon the specifics of the case. For purposes of the FAP, any sexual activity occurring between a parent or stepparent and a child in the parent's custody is considered incest. Sexual activity between parent or

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step-parent and same sex child is to be treated as incest. Such treatment as incest does not preclude also considering such activity to be homosexual conduct.

12. Intra-familial. Term used to describe a child abuse or neglect case in which the offender has responsibility for the child's welfare and is either a parent or is related by blood or marriage.

13. Medical Protective Custody. Emergency medical care or custody of a child without parental consent which is approved by the medical treatment facility commander in a case where the circumstances or condition of the child in the care or custody of the parents presents imminent danger to the child's life or health.

14. Military Protection Order. A written order, signed by a service member's commanding officer, by direction and with the approval of the service member's commanding officer, or another commissioned or non-commissioned officer with authority over the service member, directing the service member to have no contact with a family member or other person, usually after an incident of family violence or harassment issued to maintain peace and good order in the community or to protect the other person from potential harmful acts by the service member. While this order may be given orally, telephonically, or in any written form, the preferred method for issuing an MPO is through the use of enclosure (7).

15. Neglect. See Abuse or Neglect.

16. Pastoral Counseling. Counseling which takes place within the context of, or under the direction of, religious organizations, and which address spiritual or theological issues or matters of faith. Pastoral counseling may not require state licensure or certification as a mental health counselor.

17. Primary Aggressor. The person who maintains power and control in an abusive incident regardless of which one started the verbal or physical action, which one continued the dispute, or which one provoked the event. This eliminates the terms co-battering, mutual battering, or mutual spouse abuse in most cases.

18. Sexual Abuse. Sexual behaviors which constitute an offense; sexually violating or exploiting another person; or engaging in sexual behavior without consent. Sexual behaviors include, but are not limited to, voyeurism, exhibitionism, fondling of breasts or genitals, oral stimulation of the genitals, penetration into one's vagina or anus by digit or object, vaginal or anal intercourse, or involvement with the manufacture of pornography.

19. Stalking. A willful, malicious, repeated, uninvited and intrusive, although often unnoticed, following of another person, regardless of motive, which serves no reasonable legitimate purpose, and which course of conduct would alarm, annoy, intimidate, or harass a reasonable person. When the stalking is by a spouse, and there is a credible threat, or an atmosphere of veiled threats and intimidation exist, it can amount to spouse abuse.

20. Victim Advocate. A representative for a victim. One who protects the interests of a victim by providing support services which can include, but are not limited to, crisis intervention, information, guidance (including interpretation of judicial proceedings) and resources assistance. Under the provisions of the Victims' Rights and Restitution Act of 1990, the responsible official has the responsibility of assigning a person to serve as the victim's advocate in certain family abuse cases. This person must be able to represent the victim's interests to either military or civilian authorities. The victim advocate may serve as a consulting member of the CRC and FAC.

ENCLOSURE (1)

BO 1754.1A
AUG 16 1995

RESPONSIBILITIES OF FAMILY ADVOCACY COMMITTEE (FAC) MEMBERS

1. The FAC operates with a permanent membership of voting members augmented by consulting, nonvoting members appointed by the Commanding General, Marine Corps Base. In general, all members of the FAC should:

a. Have a working knowledge of the goals, objectives, and components of the Family Advocacy Program (FAP), the FAP case management system, state and local laws concerning family maltreatment, and relevant community linkages.

b. Be familiar with the extent, demographics, and causes of family violence in military and civilian communities.

c. Have a working understanding of the role and expertise of other disciplines represented on the Committee.

d. Advise on the effectiveness of the local FAP.

e. Encourage Base-wide cooperation and collaboration on family advocacy matters.

2. The permanent members are listed below along with their specific roles and responsibilities.

a. Family Advocacy Program Officer (FAPO). The FAPO chairs the FAC and:

(1) Ensures the FAC is receiving the support needed from all subordinate and tenant commands aboard the base to establish a coordinated community response for the prevention of spouse and child abuse, the protection of victims and family maltreatment, and offender accountability.

(2) Is responsible for ensuring that implementation of the Base FAP is consistent with Department of Defense and other service directives and policy.

(3) Serves as the link between the FAC and the commands.

(4) Coordinates with local social service providers to ensure reciprocal reporting procedures of allegations of abuse, consistent and effective safety measures for victims, and community services.

(5) Serves as the liaison between the FAC and the Case Review Committee.

b. SJA

(1) Provides legal counsel regarding all aspects of the FAP.

(2) Assists in writing MOU's between MCB and other military and civilian agencies.

(3) Provides guidance to the FAC on military and civilian laws.

(4) Ensures that appropriate family advocacy related training is provided to Judge Advocates on a regular basis.

c. PMO

(1) Provides technical and law enforcement support to the program.

ENCLOSURE (2)

AUG 16 1995

(2) Ensures all alleged cases of spouse and child abuse are reported to the FAPO or Family Advocacy Program Manager (FAPM).

(3) Ensures training of military law enforcement personnel involved with the response to and investigation of domestic violence cases in support of the FAP.

(4) Maintains liaison with civilian police departments as part of the Coordinated Community Response.

d. Commanding Officer, Naval Hospital

(1) Ensures that the necessary coordination exists between the hospital and other agencies involved with the FAP.

(2) Ensures the availability of the medical assistance and resources required for the prevention, identification, treatment and management of all family maltreatment cases.

(3) Ensures that all medical personnel and social service providers at the hospital are aware of the indicators of maltreatment and the procedures for reporting suspicious conditions or incidents.

e. Director, CDAC

(1) Advises on the effectiveness of the cooperation between the CDAC and and Family Counseling Center in handling FAP cases.

(2) Provides policy recommendations on matters relating to the interaction of CDAC and the FAP.

f. FAPM

(1) Serves as the liaison between the FAC and the Case Review Committee.

(2) Provides clinical expertise and information to the FAC.

(3) Brings problems with the implementation of the FAP to the FAC's attention for problem solving.

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FAMILY ADVOCACY PROGRAM OFFICER (FAPO) GUIDELINES

1. With the assistance and support of the Family Advocacy Program Manager (FAPM), oversee the operation of the Family Advocacy Program (FAP) in consonance with this Order and the directions of the installation commander.
2. Establish a Coordinated Community Response (CCR) to family violence to:
 - a. Implement command awareness and prevention programs to educate all service members and their families about the consequences of child and spouse abuse.
 - b. Ensure coordination in resolving domestic violence problems with local civilian agencies and Headquarters, U.S. Marine Corps (MHF-20).
3. Collaborate with the Provost Marshal, SJA, NCIS, CDAC, and the Naval Hospital to set up procedures to identify and provide safety for victims of child and spouse abuse. Report cases of abuse to the appropriate authorities.
4. Ensure that child and spouse abuse cases are handled discreetly and fairly for service members, and their families.
5. Ensure, in cooperation with the Family Advocacy Committee (FAC), coordination among all military and civilian agencies and professional disciplines involved with prevention of and intervention into family violence, and ensure that local commands develop memoranda of understanding providing for cooperation and reciprocal reporting of information with the appropriate civilian officials.
6. Keep apprised of new developments within the program which may go beyond the scope of the current order and work to adjust the order to encompass those changes.
7. Act as the commander's representative on issues of child and spouse maltreatment, domestic violence, and related issues.
8. Ensure that unit commanders are advised of the disposition and management of each reported and substantiated FAP case that involves members of their command and keep the installation commander informed concerning high visibility cases.
9. In conjunction with the FAPM, assist subordinate unit FAPO's officers by disseminating information and ensuring the development of a unit program, keeping them informed of the number of cases, the factors that appear to contribute to stress and child/spouse maltreatment, the high-stress periods, and potential deterrents, such as deployments, assisting them with identifying and referring high-risk personnel, and in the development of a unit identification and training program on family advocacy.
10. Coordinate liaison between the command and other military and civilian agencies involved in family violence.
11. In conjunction with the Director, Family Counseling Center oversee management of fiscal and property assets with the guidance and concurrence of the Assistant Chief of Staff, Comptroller or the Assistant Chief of Staff, Facilities, as applicable, including:
 - a. Submission of requests for O&MMC and OSD funding, preparation of exhibits for local input to the DoD Program Objective Memorandum (POM), and creation and submission of appropriate reports to all levels of management.
 - b. Procurement of appropriate services, supplies, and equipment to support the local FAP operation.

ENCLOSURE (3)

BO 1754.1A
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12. On direction of the Commanding General, MCB, appoint and oversee Case Review Committees (CRC) for the FAP. Permanent membership of the CRC's shall consist of:

- a. FAPM as chairperson.
- b. Command representative.
- c. Pediatrician (for child abuse cases) or family doctor (for spouse abuse cases).
- d. SJA representative.
- e. Military law enforcement representative.
- f. CDAC representative.

13. In conjunction with FAPM, ensure required reports are submitted to CMC (MHF-20).

14. Coordinate with the FAPM to ensure that all cases reported to the FCC and law enforcement agencies are also reported to the Central Registry per reference (a).

15. Maintain membership on appropriate committees, councils, and boards.

ENCLOSURE (3)

BO 1754.1A
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FAMILY ADVOCACY PROGRAM MANAGER (FAPM) GUIDELINES

1. Manage the Family Counseling Center (FCC) elements that contribute to the Family Advocacy Program (FAP). Supervise and monitor the installation FAP, including:
 - a. Personnel actions and contract coordination.
 - b. Job and/or work center descriptions.
 - c. Administrative and quality assurance standards.
 - d. Performance evaluation and counseling.
 - e. Supervision and training.
2. Ensure compliance with FAP standing operating procedures as outlined in this Order.
3. Act as the command's expert advisor and consultant on FAP issues and concerns. Act as consultant and expert advisor on child and spouse maltreatment matters to tenant commands located on base.
4. Develop written protocols and an installation SOP for implementation of the local FCC FAP.
5. Using references (a), (b), and DoD Directive 6400.1 as guides, identify all incidents of suspected family violence, and ensure the FAPO is notified of each incident. Ensure a full, timely, and coordinated discussion of all spouse or child abuse cases before the Case Review Committees (CRC).
6. Report instances of abuse, in a timely manner, to CMC (MHF-20), via DD Form 2486.
7. Provide recommendations and coordinate actions to ensure the safety of victims and family members, and ensure that crisis intervention and victim advocacy services are offered.
8. Coordinate and supervise case management within the FCC. Maintain FAP case records per guidelines in reference (a).
9. Ensure that reports required by reference (a) are submitted on time.
10. Review DD Form 2486 prepared by FCC FAP counselors for correctness and ensure transmittal to CMC (MHF-20) with a copy to the Family Advocacy Program Officer (FAPO).
11. Serve as a member of the Family Advocacy Committee.
12. Chair or appoint a chairman for each of the CRC's.
13. Train the CRC in the proper method of running the CRC, of conducting a case review, and of the sensitive nature of FAP cases.
14. Assist the FAPO in the performance of his or her duties. Keep the FAPO informed of all situations in which individuals are at-risk and/or there is the potential for escalation of violence, a serious incident, or potential embarrassment to the command.

ENCLOSURE (4)

BO 1754.1A
AUG 14 1996

15. In conjunction with the FAPO, act as the point of contact and conduit for information to the command and PMO regarding the FAP.
16. Through the Coordinated Community Response (CCR), ensure FAP services are available on the base or in the adjacent community to meet the needs of the installation. Examples of such services are the New Parent Support Program, victim advocacy program, crisis lines, outreach services, prevention programs and services, crisis intervention, counseling, rehabilitation programs, and other direct intervention efforts.
17. Interact and form professional liaison through the CCR with additional support services such as community crisis lines and emergency shelters; local respite services; other military and civilian family services; legal assistance (on and off-Base); emergency funding or clothing (Navy-Marine Corps Relief, American Red Cross); and others as appropriate.
18. Coordinate direct treatment to families and children, or to the victims of abuse and the perpetrators of abusive behavior.
19. Establish an education program in the prevention of and intervention in family maltreatment for the installation.
20. Coordinate the installation response to prevention and intervention in FAP incidents with PMO, Naval Hospital, Navy-Marine Corps Relief Community Health Nurse, and with military and community based prevention efforts.
21. Coordinate the on-going training and education plan at the installation for officers at all levels, SNCO's, NCO's, enlisted service members, dependents, civilian employees, special groups (such as the SJA, CDAC, CDC staff), PMO, NCIS, and youth activities leaders.
22. Monitor the training on child abuse/neglect to child care personnel in accordance with the Military Child Care Act of 1989 and MCO 1710.30B.
23. Assist the Director, Child Development Center in screening child care providers by initiating the:
 - a. Screening of records of the CMC (MHF-20) Central Registry and previous commands.
 - b. Training child care providers on child abuse or neglect prevention to obtain their required credentialing.
24. Institute necessary steps to safeguard case data and Central Registry data from unauthorized disclosure.
25. Assist in providing direct counseling services through installation privileged counselors in the FCC when necessary.

ENCLOSURE (4)

MATRIX OF GUIDELINES FOR LEVELS OF SPOUSE ABUSE

LEVELS OF ABUSE	INTENT OF ACTIONS and REHABILITATION	LEVELS OF REHABILITATION	COURSES OF ACTION
<p>I. LEVEL ONE</p> <p>Physical abuse: No pattern of physical force, coercion or intimidation by offender; single incident that is situation specific with no visible injury to victim.</p> <p>Non-physical abuse: No pattern of ongoing attempts by offender to control partner through emotional abuse, isolating tactics, and economic or other restrictions on victim's autonomy.</p> <p>Offender is not minimizing or denying.</p> <p>RISK: No identifiable risk to victim of ongoing or increased use of force and/or non-physical abuse.</p>	<p>This level acknowledges that there are: (1) rare cases of substantiated incidents of spouse abuse where the offender acted in a way that is uncharacteristic of his/her general behavior in the relationship and where both partners enjoy relative autonomy and freedom from coercion or threats within the marriage; and (2) cases where the offender in the specific incident is or has been the ongoing victim of violence or threats in the relationship and in this incident used violence that went beyond self-defense. The intent at this level is to assist a service member w/good career potential. The incident is admitted. Rehabilitation can be a good economic investment. A counseling session w/immediate supervisor is designed to be supportive to the Marine. Two FAP counseling sessions are intended to deal with situations related to incident and determine ongoing service needs of family members.</p>	<p>May include one or more of the following:</p> <ol style="list-style-type: none"> 1. DVIP Orientation (two hour session w/FAP counselor). 2. Two half-day sessions for anger, stress management, and communications skills. 3. Provide special services to alleviate stress or conflict, as needed. 	<p>* Counseling with immediate supervisor. (Should be documented by a written entry in a platoon commander's notebook or like document.)</p> <p>* Non-career threatening corrective measures.</p>

ENCLOSURE (5)

MATRIX OF GUIDELINES FOR LEVELS OF SPOUSE ABUSE

LEVELS OF ABUSE	INTENT OF ACTIONS and REHABILITATION	LEVELS OF REHABILITATION	COURSES OF ACTION
<p>II. LEVEL TWO</p> <p>Pattern of abuse by offender at <u>low</u> levels.</p> <p>Second offense, low level, no rehabilitation previously offered.</p> <p>Physical abuse:</p> <ul style="list-style-type: none"> * Grabbing, shoving, restraining, slapping. * One or more incidents involving minor injury (i.e., soreness, swelling, or minor bruising). <p>Non-physical abuse:</p> <ul style="list-style-type: none"> * Pattern of verbal intimidation (instilling fear). * Pattern of isolation or economic restrictions (discourages victim's autonomy). * Pattern of emotional and psychological insults (erodes victim's self-esteem). * Discourages victim's autonomy. * Sporadic insults, emotional abuse. <p>Offender: (1) has not previously attended or failed to attend a batterer's rehabilitation program; (2) does not have a history of more extreme abuse in previous intimate relationships; and (3) is amenable to rehabilitation.</p> <p>RISK: Risk to victim of possible increase in use of force & non-physical abuse without intervention.</p>	<p>At this level, the violence of abuse could escalate if offender does not make an honest effort in a rehabilitation program. Actions should be non-career threatening for those who fully participate in rehabilitation program. The intent at this level is to assist a service member with good career potential. The incident is admitted. Rehabilitation can be a good economic investment. Rehabilitation is geared toward correcting offender's developing pattern of abuse.</p>	<p>Participation in intensive short-term rehabilitation program.</p> <ul style="list-style-type: none"> * DVIP Orientation (two hour session w/FAP counselor). * Six week commitment of two hours per week targeting control issues and patterns. * Other services or counseling as needed. 	<ul style="list-style-type: none"> * Actions parallel Level I. * Case file remains open for period of one year following completion of rehabilitation program: 90-day follow-ups with victim to determine if there is a re-offense. * Immediate supervisor monitors offenders progress every 30 days for one year. * If offender fails to complete initial phase in four weeks or fails/is dropped from the program, immediate supervisor should counsel service member. Suggest a page 11 entry/NJP as the command deems appropriate.

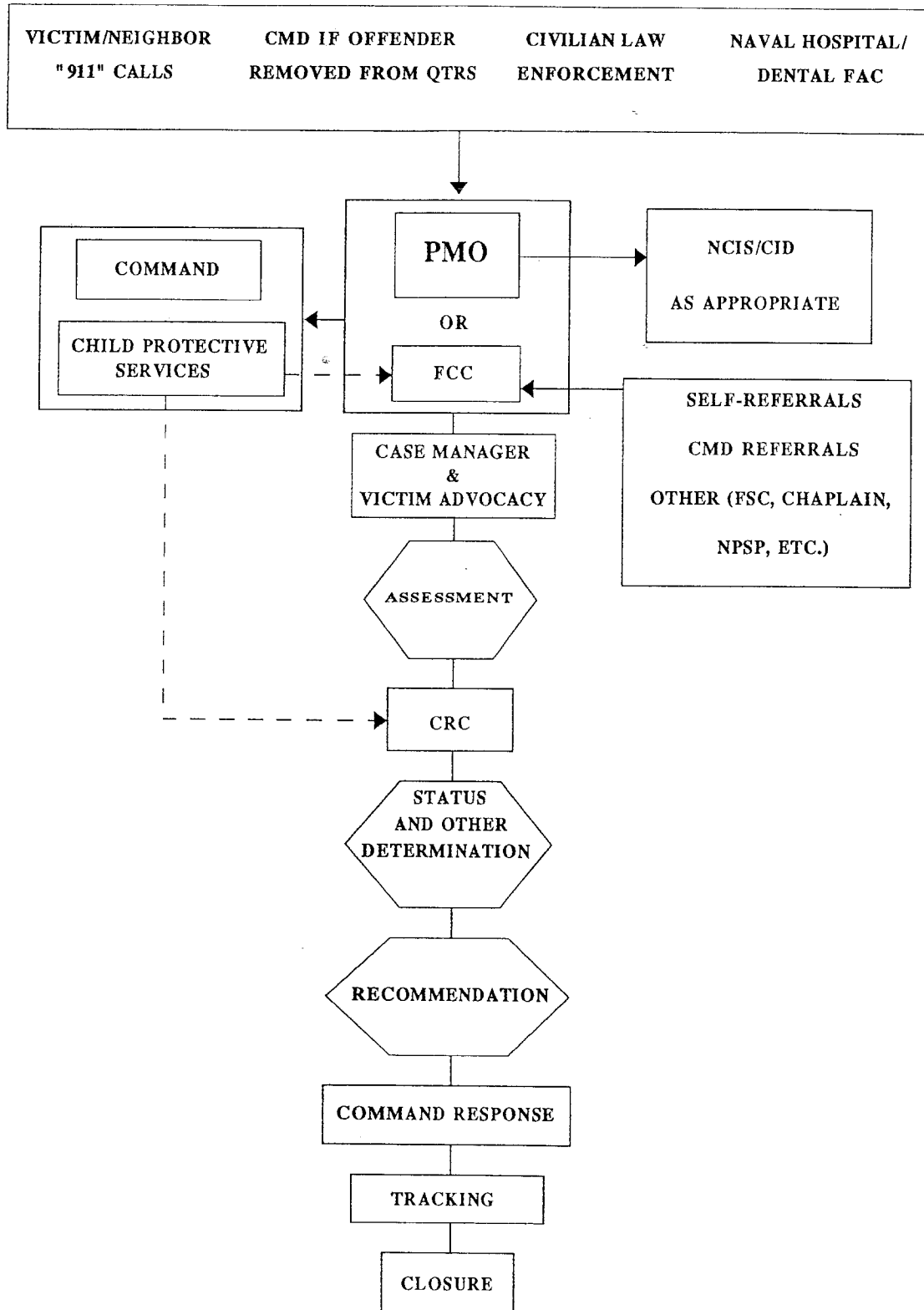
ENCLOSURE (5)

MATRIX OF GUIDELINES FOR LEVELS OF SPOUSE ABUSE

LEVELS OF ABUSE	INTENT OF ACTION and REHABILITATION	LEVELS OF REHABILITATION	COURSES OF ACTION
<p>III. LEVEL THREE</p> <p>Pattern of medium level physical and/or non-physical abuse, a repeat offense involving any level of violence by an offender who has a previously substantiated case (military or civilian courts) and who had been offered/attended a rehabilitation program (military or civilian).</p> <p><u>Physical abuse:</u> Repeated use of physically coercive and intimidating actions such as, pushing, shoving, restraining, or grabbing. An assault resulting in injury to the victim; threats to harm victim or victim's family/friends; or pressure to engage in unwanted sexual activity. Physically abusing a spouse when pregnant.</p> <p><u>Non-physical abuse:</u> Placing the victim in fear for his/her own physical safety. Pattern of isolating, emotionally abusing and/or economically controlling victim (i.e., limiting access to phone, transportation, child care, or base services and imposing a limited say about family economics). Frequent use of insults, put-downs, or criticism. Reprisals for reporting or seeking help.</p> <p>A repeat offender using any level of violence who has a previously substantiated case and has been offered or attended a rehabilitation program (civilian or military).</p> <p>RISK: Ongoing risk to victim, family members, and future partners of this offender.</p>	<p>At this level offender has crossed a threshold and a combination of sanctions that constitute punishment and rehabilitation is the best deterrent. Three critical tasks are to assess the danger to the victim, to determine whether the service member has further career potential, and to evaluate whether the increased investment in rehabilitation is warranted. Incident may be a red flag that the service member is a danger to his/her family. A close examination of all supporting FAP, PMO, and MTF records, and other documents as well as SRB, is warranted.</p> <p>At this level there will typically be an entry into the service member's record.</p> <p>There is a tacit assumption that an offender at this level who continues to use abusive tactics will warrant separation if not receptive to rehabilitation.</p>	<ul style="list-style-type: none"> * Increased rehabilitation program. * DVIP Orientation * Twelve week commitment of two hours per week targeting abusive behavior and control patterns. * A one to three month follow up period with a monthly group session. * Other services or counseling as needed. 	<ul style="list-style-type: none"> * MPO to ensure protection measures for victim, which may include restraining offender from contact with victim. * Immediate supervisor monitors offender's progress every 15 days for one year. * Case file remains open for one year following completion of rehabilitation, with 30-day FAP follow-ups with victim to determine if there is a reoffense. Company or Battalion NJP, summary court martial, or page 11 entry.

ENCLOSURE (5)

INCIDENT PROTOCOL FLOWCHART



ENCLOSURE (6)

MATRIX OF GUIDELINES FOR LEVELS OF SPOUSE ABUSE

LEVELS OF ABUSE	INTENT OF ACTIONS and REHABILITATION	LEVELS OF REHABILITATION	LEVELS OF ACTIONS
<p>V. LEVEL FIVE</p> <p><u>Physical abuse:</u> Attempts to inflict serious injury; severe attacks against family; high level of intimidation or physical violence; or rape.</p> <p><u>Non-physical abuse:</u> Extreme economic or psychological abuse, or stalking.</p> <p><u>RISK:</u> Very high; serious injury or death to others such as children, family members, and intervenors.</p>	<p>Risk to victim is very high. Command actions should look to punish and probably separate service member while simultaneously protecting victim who will be vulnerable to ongoing abuse.</p>	<p>NONE</p>	<p>* Prosecution under civilian or military court system.</p> <p>* Pretrial detention.</p> <p>* Issue Military Protection Order.</p>

ENCLOSURE (5)

MATRIX OF GUIDELINES FOR LEVELS OF SPOUSE ABUSE

LEVELS OF ABUSE	INTENT OF ACTIONS and REHABILITATION	LEVELS OF REHABILITATION	COURSES OF ACTIONS
<p>IV. LEVEL FOUR</p> <p>Physical abuse: An aggravated assault by offender.</p> <ul style="list-style-type: none">* Use of a dangerous weapon* Harm to pregnant spouse and fetus* Assault with serious injury; such as, broken bones, severe lacerations, bruising, trauma, head injury, or internal injury.* Pattern of abuse at high levels by offender involving one or more incidents of abuse that cause injury to victim or put victim at risk of serious injury; stalking the victim; coercion or force to engage in unwanted sexual activity; actions to keep victim in state of fear of punishment; or threats to kill, maim, or injure victim or family members. <p>Non-physical abuse: High level of isolation, economic control or emotional abuse.</p> <p>RISK: Victim and others (i.e. children, family members) at high risk of ongoing abuse and serious injury.</p> <p>Offender may or may not be amenable to treatment. Amenability to treatment does not reduce need for increased actions at this level.</p>	<p>Risk of attacks involving serious harm to spouse increases dramatically at this level. Whether the service member has further potential for useful service is a serious question. Actions are needed to deter further abuse and to reflect USMC intent to protect victim and other family members.</p>	<ul style="list-style-type: none">* Increased rehabilitation program.* DVIP Orientation* Twelve week commitment of two hours per week targeting abusive behavior and control patterns.* A three to six month follow up period with a monthly group session.* Other services or counseling as needed	<ul style="list-style-type: none">* Entry to document problem in service record.* Suggest battalion level NJP or appropriate level of court martial.* Administrative separation.* Issuance of a MPO to enhance protective measures toward the victim and at-risk family members.* Immediate supervisor monitors offenders progress weekly for one year.

MILITARY PROTECTION ORDERS

1. Commanders are responsible for the security and safety of members of their command, as well as other individuals within areas for which the commander is responsible. The commander has the inherent authority to take reasonable actions commensurate with that responsibility, and must be prepared to act decisively in cases involving alleged child or spouse abuse.
2. Commanders are specifically authorized to issue military protection orders (MPO) to ensure the safety and security of persons within their commands, or to protect other individuals from persons within the command. For commands of Marine Corps Base, this authority may be delegated to the Base Provost Marshal. Other commanders may delegate this authority as desired. (Commanders are referred to herein as issuing authorities.) The format set forth herein is suggested, not required, since similar actions could be taken by verbal or other written orders. The original MPO is to be given to the restricted party. A copy of each MPO issued, including modifications and cancellations, is to be given to the PMO, the FAPM, and the victim.
3. MPO's may only be directed to military members. Directives to civilians are limited to orders commensurate with the authority of the Commanding General, MCB to maintain security, and to control the activities of employees, residents, and guests on the installation or in his areas of control and responsibility. These include barment orders, employer directives, and housing area directives.
4. MPO's are similar to civilian temporary restraining orders. They may be ex parte (issued after hearing only one side of the story) if the issuing authority considers it necessary to ensure the safety and security of persons for whom the command is responsible. Ex parte MPO's should have as short a duration as possible, normally not more than 10 days, because of due process concerns. If the command desires to keep the order in effect for a longer period of time, the restricted party should be given an opportunity to be heard and to respond to allegations. In cases not requiring ex parte determinations, restricted parties should be given the opportunity to respond and be heard before a MPO is issued.
5. MPO's are based upon a balancing of interests; the liberty interest of the restricted party and the welfare of the command. The greater the crisis and the need to protect, the greater the need to react quickly and provide safety to the person(s) needing protection. As the crisis abates and long term solutions are considered and put into effect, the need for a MPO diminishes.
6. MPO's are administrative in nature, and not to be confused with actions taken under the Uniform Code of Military Justice. MPO's are not pretrial restraint, although their imposition does not preclude simultaneous or subsequent action under the UCMJ. They are issued under the authority of the commander to maintain the discipline, welfare, and morale of his command.
7. MPO's directed to military personnel may include, but are not limited to:
 - a. direction to refrain from contacting, harassing, or touching certain named persons;
 - b. direction to remain away from certain specific areas, such as the home, schools, child development centers;
 - c. direction to do, or refrain from doing, certain acts or activities.
8. The order should specify its duration and any factors permitting the lifting of the order. MPO's intended to be effective for longer than 10 days should be coordinated with the commander's respective SJA.

ENCLOSURE (7)

BO 1754.1A
AUG 10 1995

MILITARY PROTECTION ORDER

From: Commanding Officer, xx Battalion, xxx Marines
To: Lance Corporal A. B. User 123 45 6789/xxxx USMC
Via: _____

Subj: MILITARY PROTECTION ORDER ISSUED TO LANCE CORPORAL A. B. USER
CONCERNING ALLEGATIONS OF (CHILD) (SPOUSE) ABUSE

Ref: (a) SECNAVINST 1752.3____
(b) MCO 1752.3B

1. You are hereby directed to abide by the following Military Protection Order, issued under references (a) and (b). You are required to obey this order whether you receive it orally or in writing. Violation of this order is a violation of Article 92 of the Uniform Code of Military Justice and constitutes a criminal act. Violation of this order may result in administrative or disciplinary action including trial by court martial.

2. This order is an administrative action to ensure the safety and security of the person(s) listed below. It is also intended to protect you from further allegations concerning family abuse while the order is in effect. The issuance of this order is not the beginning of disciplinary action against you, nor does it affect the disposition of your case before the appropriate authorities.

3. This order is issued concerning your association and contact with the following person(s):

☒ Your dependent wife Vickie O. User
☐ Your dependent child(ren) _____
☐ Other _____

4. You are directed to:

☒ Remain (200)500/1000 feet) from the person(s) listed in paragraph 3 at all times.

☒ Remain (200/500/1000 feet) from your spouse's residence at XXX Guam TT-2.

☐ Remain 200 feet from the following vehicle(s), _____
_____. (yr, make, license #)

☐ Remain (200/500/1000 feet) from your spouse's employment at _____.

☐ Remain 200 feet from school(s) of dependents listed in paragraph 3.

☐ Make no contact through phone, mail, or third party (other than through the command) with persons(s) listed in paragraph 3.

☐ Report all contacts or attempts at contact initiated by the person(s) listed in paragraph 3.

5. This order shall remain in effect until _____
unless sooner canceled by me, or by higher authority.

Copy to:
PMO
FAPM
Victim

(Commanding Officer of Marine or
delegated authority)

ENCLOSURE (7)